STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

SEP 29 2017

PLEASE PRINT

NEW HAMPSHIRE

1. Name of Lobbyist(s)	Berna	erdin,	Meliss	ia.	DEPARTMENT OF STAT	
II. Name of lobbyist's	partnership, firm	or corporation	lf any:			
4						
(Name	1 Heart e of partnership, firm	or corporation)	20707			
2 Wall Stress Address: (Stre	/ .	Manch	ester	NH	0 3/0 / (Zip Code)	
Business Address: (Stre	ect)					
(68) <u>669 –</u> (Telephone)	5833 ().		e-mail meliss	heart ove	
(Telephone)			(Fax)		heart.org	
reportable expense tra	ansactions which a	re not attributa	ble to any one o	client).	nay file a separate report for the following client:	
OR					ng firm listed below which ar	
IV. Date of Report Reports cover: activity	April 26, 2017 ty from date of registration to 3/31/17			July 26, 2017		
6	October 25, 2017 🔯 activity from 7/1/17 to 9/30/17			January 31, 2018		
V. There have been If this box is checked, cocord, NH 03301.	no fees received complete just this fo	and no report rm and submit it	able transaction to the Secretary	ons made since of State's Office,	the last report. M. State House, Room 204,	
VI. Check if additions				_	_	
_	ed fees or made exp					
☐ If you have paid ar Expense Reimburseme		nbursed expense	es, you must file	Addendum b- K	Leport of Honorariums or	
		nade political co	ntributions, you	must file Addend	lum C- Political Contribution	